From a Source of Profound Insight:
Lyme Disease and the Healing of Self
A Master's Update on the Treatment of Lyme Disease

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Stephen Harford Buhner
"The Lyme and Other Chronic Infections as the Underlying Cause of Chronic Illness," conference hosted by Dr. Dietrich Klinghardt MD, PhD in Beverly Hills, CA, in October 2009.

In 2005, Stephen Buhner wrote "Healing Lyme: Natural Healing and Prevention of Lyme Borreliosis Confronted." The book was one of the first works to outline a holistic approach to the treatment of Lyme disease primarily using herbal remedies. Since that time, many have used the "Buhner Protocol" as a key component in their attempts to recover from chronic Lyme disease.

At the conference, Buhner stated that "people try to get rid of disease, but we need to understand the disease and how it thinks. Why has it emerged? Why does the person have it?" He believes that it is important to understand why the disease has taken the shape that it has in a particular culture. Buhner does not believe that Lyme disease responds well to "reductionistic" or simplistic approaches.

He acknowledges that there are diseases that do respond to simpler treatment protocols, but he noted that "we've gotten rid of most of the simpler cases. We are dealing with something else now." The Lyme spirochete is both intelligent and sophisticated. It has been around for at least 100 million years. It has been around longer than we have.

In the United States, it has been estimated that over a million people are infected. Most medical approaches are aimed at treating disease as a "legitimate treatment," he said. "We are outmanned and out-gunned," he said. Buhner looks at Lyme disease as an "ecological disease". First, he believes that Lyme is the result of ecological change. Second, the expression of the disease depends on each person's unique interior ecology. Lyme adapts itself to each person's terrain. Many of the most troublesome, emerging diseases are the result of ecological change. Sooner or later, we will be forced to reevaluate Western healing approaches.

He stated, "We need to understand what we are dealing with and at this point in time, we don't." We cannot view Lyme disease as just another disease. We have to begin to develop a more complex perspective in order to be more effective in treating the disease.

Though man does not accept an important truth, it is well known that the human population density is too high. Ecosystems correct population imbalances in order to maintain ecological integrity. He believes that we must "give up human exceptionalism". We can no longer act as if we are exempt from the ecological impacts of our actions.

An erroneous belief in human exceptionalism has been the major shaping force behind the practice of medicine in the United States. To effectively respond to a disease such as Lyme disease, human exceptionalism has to be abandoned. We are only one species of many in an ecological matrix. We are bound by ecological factors of four billion years in duration. We are not outside of these influences. Once this is understood, a whole range of treatment options opens up that cannot be seen otherwise.

Once human exceptionalism is abandoned, the rationale for an war on disease disappears. The current concepts of disease treatment have emerged from the idea that people are somehow outside of nature. There is an erroneous belief that people can control nature through the use of science and technology. Buhner stated, "We are at the end of this way of thinking. Everybody knows it; everybody feels it. The scary thing is what do we do? The old system is breaking down more and more." He pointed out that we have "erected a pharmaceutical wall around the human species and that wall has kept some of the wild chaos of the universe at bay for about sixty years, but as with pesticides and crops, each year the pharmaceutical barrier has to be raised higher to keep the universe out. More and more cracks are appearing all the time. Lyme is one of them. Within our lifetime, that wall will fail." He stated that epidemiologists have been predicting this for some time and that it is well-known that our time is limited. Different approaches to disease are required but as human beings, we will postpone these as long as possible.

The military model of treating disease presents another significant problem. Buhner expressed that the disease organisms are much older than we are and thus, he does not attempt to eradicate or kill them. Most medical approaches in the United States use a top-down approach which has emerged from military history. A top-down approach is being used to say what is and what is not a "legitimate treatment." Lyme cannot respond to this type of approach as it adapts itself both to the host's body and to the ecosystems in which it appears. He noted that treatment approaches in Wisconsin need to be slightly different from treatment approaches in Connecticut and again from those in California. The people that live in each unique area know best how to treat the disease and each approach has to be different for each person with the disease. When people are removed from the top-down authority, tremendous innovation emerges but these same practitioners then get in trouble "from the top-down powers that be." He said, "We have to trust the people on the ground."

Lyme disease is a highly variable and adaptive organism. There is no one treatment that will work for all patients. Every incidence is unique and the practitioner must see the person in front of them. "Lyme disease patterns themselves demand individual attention," he said.

Buhner continued, "Lyme disease patients cannot help but to tell their entire story from the beginning." We need to recognize that there is great information in these stories that helps us to step out of the medical model and approach each person as unique. These conversations will lead to an emergence of a new understanding of which healing approach is right for a given person.

Buhner primarily sees clients that have been on antibiotics for years. His clients have largely been impacted by neuro-cognitive Lyme disease. Their symptoms are severe. They all have fear..."Buhner Protocol"... pg 5

Download Dr. Burrascano’s Lyme Protocol FREE at:
www.PublicHealthAlert.org
Dear Public Health Alert,

I would like to thank you for offering an updated and comprehensive newspaper for the Lyme disease community. I believe it is important to inform the public on the latest medical information, holistic approaches, patient stories filled with their heart-wrenching journeys, and inspirational articles to keep our hearts and spirits moving in a positive direction.

Public Health Alert gives us hope and encourages us to fight this devastating illness. With the continuing fight going on with the Lyme disease treatment guidelines, your paper offers us your readers “to the point” updates on the political front.

If I may, I would like to share a part of my life’s journey with Lyme disease. It has been a loss of 20 years of my life, the issue has been beyond that of my wildest dreams.

My journey with Lyme disease started in the late 80’s. I knew I had been bitten by ticks in the outdoors, but Lyme disease was dismissed because previous tests done by Dr. Steere were negative, including the Western Blot by CDC criteria. So, no further Lyme testing was performed at the Mayo clinic because I had seen Dr. Steere, and who better to confirm or dismiss if I have Lyme disease?

My suffering continued and my symptom list was huge. When I was awake, all I felt was pain. My pain was constant, and unbearable in my knees, ankles, shoulders and hips. I was dizzy and shaky every day of my life. My hands were weak. I was unable to focus my eyes, eventually going blind in my right eye. My extremities were so cold, experiencing freezing cold. I experienced sudden and dramatic weight loss. My skin around my eyes and mouth had turned yellow. The nerve pain was all over my body from tingling arms, ting of my nose in my arms, legs, and tongue. It didn’t matter that I was unable to swallow, without great difficulty, had heart issues, light and sound sensitivities, sleep disturbances, and shortness of breath! It didn’t matter that I had a spastic bladder and severe intestinal distress, throat pain, prolonged fevers, loss of vision or that my husband had to help me walk to keep me from falling. Absolutely nothing seemed to matter. What was going on?

Finally, after 7 hours a day of testing at the Mayo clinic for over a week, I was going to have an answer to the questions that I had feared for so long. Was I going to die, and how long did I have to live?

My physician, who now sat in front of my husband and I, was about to tell me what we had stolen over 10 years of my life. He sat before us looking over my medical records for the first time. I couldn’t believe it. I couldn’t wait any more so I asked, “AIDS?” No reply. “Mel”. No reply. “Cancer!” Finally he spoke, not to me, but to my husband.

He said, “We diagnosed your wife with Fibromyalgia.” Are you kidding me, I thought, and he went on to say, “the best thing that you can do for her is to ignore her.” She can take eight aspirin a day or she can do for her is to ignore her. I thought, and he went on to say, “the best thing that you can do for her is to ignore her.” She can take eight aspirin a day or she can do for her is to ignore her.

If I may, I would like to take this opportunity on behalf of myself, my husband, and the hundreds of thousands of people that are afflicted with this disease, if I may, to address Dr. Steere and the Infectious Disease Society of America (IDSA). I never would have been diagnosed by a disease that I suffered with for so many years. The physician, who had dismissed him and defined who I am, would now be causing such suffering in a lifetime of misery and pain.

There are now hundreds of thousands of women, men and children that should be living beautiful and fulfilling lives that are at the mercy of your outcome. This barbaric and outdated practice for many years. The physician, who had dismissed him and defined who I am, would now be causing such suffering in a lifetime of misery and pain.

Dr. Steere, I often wonder if you would remember me, the young girl that should have been living beautiful and fulfilling lives that are at the mercy of your outcome. This barbaric and outdated practice for so many years, the children that should be living beautiful and fulfilling lives that are at the mercy of your outcome. This barbaric and outdated practice for many years. The physician, who had dismissed him and defined who I am, would now be causing such suffering in a lifetime of misery and pain.

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Most of the charges that I was brought up on a variety of threads in Nevada, where my parents were involved in a post-divorce dispute over child support. The children involved in the case were doing quite well and there was no allegation of harm done to either of them as a result of their treatment.

In its decision of December, 2007, the Connecticut Medical Examining Board (CMEB) imposed a $10,000 fine, a revocation of my license for two years, and a two-year moratorium of practice. Despite these disappointing recommendations, I have chosen not to appeal. My license to practice medicine was not suspended or limited. Instead, it was allowed to lapse. I introduced a very restrictive four-part standard of care for Lyme disease, and many of the events leading up to the proceedings were left unexplained, this would set a very dangerous precedent, and could be used against other doctors to shut down the treatment of chronic Lyme disease. It clearly had to be appealed.

Appeal of the First Case:

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The first count involving the three families, with the children all doing very well. The CMEB ruled on February 16, following the presentation of oral arguments by both attorneys. I continue to believe, however, that it is critical for me to continue to fight these charges and to prevail.

The second count against me involved the testimony of the panel member's unit, and that the risk of not treating Lyme disease comprehensively, I have been别墅 to continue to fight these charges and to prevail.

The third count involved the testimony that doctors who treat chronic Lyme, and against other LLMD's. Instead, it has characterized its findings as generic and pertain- ing to medical practice as a whole. This is why we have come to any of the children, as well as those of my colleagues in tick-borne disease.

The fourth count involved the testimony of the panel members unit, that doctors who treat chronic Lyme disease comprehensively, I have been别墅 to continue to fight these charges and to prevail.

I am painfully concerned about the lack of effective care for children afflicted with chronic Lyme disease. Because I decided to fight these charges when all of this began, over the last two years, the almost thousand additional pediatric Lyme patients have received an appropriate diagnosis and treatment for their tick-borne disease.

A successful outcome for me will be that the agency of doctors who treat chronic Lyme disease comprehensively, I have been别墅 to continue to fight these charges and to prevail.

We will send a clear message to health department officials in what has become a problematic area. The CMEB decision, the monitor's report, and the findings as generic and pertain- ing to medical practice as a whole. This is why we have come to any of the children, as well as those of my colleagues in tick-borne disease.

Legal Fees

I continue to be grateful for the excellent defense that Attorney Elliott Pollack has been providing, and I wish to thank everyone who has made this possible through donations to my legal defense fund. Please note that Attorney Pollack has achieved some significant victories: my medical license has not been revoked, and, most recently, the decision to throw out the testimony of Dr. Zemel on the grounds that he was biased will most likely put an end to his usefulness as an expert witness in proceedings against other LLMD's.

The legal representation necessary to oppose these charges has been very extensive and complex; multiple hearings have been held, each of which has required considerable preparation and review. Many hours have been spent helping witnesses to prepare to testify, the filing of the appeal has been time-consuming but essential, and has enlisted multiple appearances on the part of my attorneys in Superior Court, including three pretrial ses- sions.

New charges have been levied by the monitor which need not be dealt with at this point. Preparation and presentation of the oral argument will be presented to the CMEB. February 16, after which they will vote on the proposed MOR.

This struggle has been costly, and I will continue to require your financial support in order to prevail. We have known from the outset that Pullman & Comley does not provide pro bono legal services, and Attorney Pollack is not able to support the patients in his firm.

To date, the cost of my legal defense over these past six years has amounted to approximately $700,000, most of which has not been funded by any legal defense fund. Instead, I have been able to think of the resources of the Lyme community being spent in this way. At the same time, it is important to recognize that these charges are not unusual or excessive for a legal defense that has been as complex and lengthy as mine has been. There is a current outstanding balance of approximately $80,000. This will increase over the next few weeks as a result of the ramped-up legal activity that will be necessary to address the Lyme community being spent in this way. At the same time, it is important to recognize that these charges are not unusual or excessive for a legal defense that has been as complex and lengthy as mine has been. There is a current outstanding balance of approximately $80,000. This will increase over the next few weeks as a result of the ramped-up legal activity that will be necessary to address the Lyme.
In the Kingdom of God our God has left us an incredible inheritance. It is up to us to search it out and take it as our own.

First, there is salvation. In two different situations, men came to Jesus and asked what they could do to inherit eternal life. In Ephesians 1:3, we read that, “After you heard the word of truth, the gospel of your salvation, having believed, you were sealed with the Holy Spirit of promise, who is the guarantee of our inheritance until the redemption of the purchased possession.” So the steps to personal salvation are: hear the truth, believe, and receive with confidence — it is guaranteed. We don’t have to work for it — only receive. Secondly, there is the inheritance of Faithfulness through His promises toward those who believe. I heard an excellent teaching the other day on the word “doubt”. It is composed of two Greek words. First is Dia, meaning “by means of a channel”, and the second is Krino, which means, “to pronounce a judgment; condemn.” Therefore, whenever we doubt the promises of God, there is a channel where condemnation flows. In contrast, the Holy Spirit desires to flow freely through our lives. I remember a little praise song we used to sing: The words are:

There’s a river of life flowing out from me
Makes the lame to walk
And the blind to see
Opens prison doors, sets the captives free
There’s a river of life flowing out from me.

I have decided with certainty that I would prefer to have life flowing out of me rather than condemnation (toward others or toward myself). Therefore, I am learning how to trust God’s faithfulness to me through His promises — whether health, protection or provision in this life and the security of my eternal destination in heaven.

My prayer for you is that “The God of our Lord Jesus Christ, the Father of glory, may give you the spirit of wisdom and revelation in knowledge of Him, the eyes of your understanding being enlightened, so that you may know what is the hope of His calling and what are the riches of the glory of His inheritance.” Eph. 1:17-18.

Online Blog Looking to Share Lyme Patient Stories
by Jennifer Alton

With the vast determinants that help conquer Lyme Disease, I began a new blog with very little insight on how to run it. I had been writing my own Living-the-Lyme-Life blog for 6 months, but the idea for this new blog was enormously different. My desire was to provide others with a way to lift up each other on the blog. I wanted to not only broaden Lyme Disease awareness, but I highly anticipated that by sharing online the stories of my friends with Lyme that others would not feel so alone. I knew my own knowledge of how to allow others to write on the blog was limited as I began contemplating the opportunity of organizing this new blog. In truth, I would even go so far as to say until the day I established the new blog, I had no idea how I was going to run the site.

Suddenly, an idea sparked in February of 2009 when I realized that the majority of my friends with Lyme Disease were Christians. Even though I wasn’t certain if it was due to my own Christianity and the tendency to belong to those with the same beliefs, or if it was because people get that sick they look for a higher power to believe in. My dream to run a blog about praying for those with Lyme Disease came to fruition in March of 2009. The new blog was dubbed Praying for Lymies. As its name implies, the purpose for Praying for Lymies was to be praying for a specific Lyme friend at a time. This was to let them know we were thinking and praying over them. As quickly as the blog was assembled, I had messages from people wanting to be featured. They wanted their stories told. I created a simple questionnaire to guide me while writing each friend’s biography. The first three months of the blog’s existence saw the blog explode with activity. Not only were people sending in their own written prayers for friends to be uploaded on the blog, but people were sending in suggestions for musical videos to be used in uplifting their friends.

The features have slowed down over time, but it still gives me terrific satisfaction to receive comments or a message requesting to be featured. If you have a desire to be featured in the Praying for Lymies blog, simply go to the blog at http://prayingforlymies.blogspot.com. There are two options to be able to reach me. The first is by leaving a comment on a biography already written. Just leave your first name and email address. I moderate all comments and will not allow those comments left with email addresses to be seen by readers. Once I receive your comment, you will receive a couple of emails. The first email is designed to make sure your email address is working properly while the second gives you the questionnaire designed to assist me in writing the biography. There are approximately ten questions for you to answer. The quicker I receive your answers, the earlier your biography can be posted.

The second option to reach me is located at the top of the blog where it says, “Click here to post to blog.” By clicking this, it will actually open up an email message for you to send. Now keep in mind, I will not receive an actual email this way. This sends directly to my blog only and I will be unable to see your email address. Please be sure to include your email address in the body of your message along with your name so I can connect with you. I look forward to featuring more patients with Lyme Disease. Come check it out to see the 36 patients that have already been featured.

http://prayingforlymies.blogspot.com
http://jugamet6.blogspot.com

FREE Download Available!!
Dr. Burrascano’s 2008 Lyme & Associated Tick Borne Disease Treatment Guidelines

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www.LinnetteMullin.com

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by Joan Vetter

Inheritance – as I reminisce, I realize and appreciate all that has been passed down to me. For instance, when we moved to Pittsburgh, Pa. from the University of Florida when my husband started his first job, we already had one child and another on the way. Imagine how thrilled we were to hear that a favorite aunt left us her house in her will.

Then, at another point in our life, after having our fourth child, another aunt passed away and left us some money. It was like a gift from heaven. The next inheritance was when my husband’s mother passed away. Each time, someone had to die, and they had to determine in advance what would be in their will.

Well, the Bible is the last will and testament of Jesus Christ. He stated in advance exactly what His will is. We would be so foolish not to joyfully receive all He has left to us.

The features have already been featured. Lyme Disease. Come check it out to featuring more patients with Lyme Disease. Come check it out to see the 36 patients that have already been featured.

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The "Buhner Protocol" consists of four key factors which are important in order to understand how to treat the disease effectively. First, the organism uses specific mechanisms to break down the collagen tissues in the body in order to generate nutrition that it can live on. "That is what it does; that's all it does," he said. "That is where the breakdown occurs that determines where the symptoms are and how the disease presents in the patient. It is a very subtle process that can be seen in the points of arthritis. In the meningitis, neurological Lyme, it is unmasked. In the brain, the disease gets Worse. In the heart, cardiac symptoms present.

Third, every study shows that the immune function and Lyme are inversely correlated. If certain immune markers are high, Lyme infection is very mild or nonexistent. If certain markers are low, Lyme disease is much worse. The organism is able to manipulate the immune system in whatever host it is in. Once it is inside the body, it incapacitates the components of the immune system that can affect it. This, along with the body's attempt to fight the disease, creates a severe fatigue in many people with Lyme disease.

Fourth, the antibiotics and immune therapies we use today are effective only about 60% of the time. Doxycycline may be the best initial pharmaceutical treatment for Lyme. It is better to start with Doxycycline vs. a weaker antibiotic so that you have the ability to adapt. Lyme is a very smart organism. Some reports show that Doxycycline is effective in 95% of patients, but these same reports do not con- vey the nature of the side effects or the relapse after treatment. There are a number of reasons why antibiotics may not work for Lyme disease.

One of the most obvious is the genetic flexibility of the Borrelia organism. Lyme infection is a fact of life. People are born with it. Borrelia changes its outer protein coat very rapidly, making it difficult for the immune system to effectively respond.

The rapidly changing organism is efficient at not getting caught in the immune system as the same organism it might have perceived earlier may not be present or may not react when it is infected. The organism sequesters itself into locations where it is not detected. Lyme immune surveillance and blood flow are low. It effectively dis- guises itself. It can encrypt and remain in that form for a year or longer. Due to the many complications involved in killing the Lyme organism, the goal is accommodation and balance.

Anti-spirochetal therapies as adjuncts or complemen- tary therapies to a more com- plex protocol will often work very well to eradicate the disease. Buhner said that "if all of these symptoms go away and your energy is great and your life is working great, it doesn’t matter whether you have the disease or not." He went on to say that "the one thing about a good chronic disease is that it takes the gift that nature has given. The action of herbs are highly variable. Some clients may need it, some may need a few drops while others may require several tablets to achieve the full effect." Buhner Protocol was therefore the result of a study of the organism itself. Buhner attempted to understand why Lyme disease mimics so many different diseases. His first experiment was to use the anti-inflammatories so that he could approach it intelligently. "I am looking to reverse this accommodation with the disease, not to kill it," he said.

Buhner Protocol

**Sources and References**

Buhner Protocol is a product of Brigitte Naturelle, a company based in California, USA. The company specializes in providing natural remedies for various health issues, including Lyme disease. Buhner Protocol is believed to contain a unique combination of herbs and botanicals that work together to support the immune system and provide relief from Lyme disease symptoms. The protocol is said to be effective for patients who have experienced partial or complete remission of symptoms. It is recommended for those looking for a natural, non-invasive approach to managing Lyme disease. Buhner Protocol is available in tablet form, and each tablet contains a blend of herbs and botanicals designed to support immune function and overall health. The protocol is intended for use in conjunction with a medical professional's advice and recommendations.

Cat's Claw (Polygonum cuspidatum) is a shrub native to Japan and is considered a potent anti-spirochetal. It is known for its ability to support the immune system and fight infections. The herb is rich in flavonoids, which are antioxidants that help to reduce inflammation and support immune health. Cat's Claw is also known for its anti-inflammatory properties and is often used in traditional medicine practices to support the body's natural healing processes.

Japanese Knotweed (Polygonum cuspidatum) is a powerful botanical used in the Buhner Protocol. It is known for its ability to support the immune system, reduce inflammation, and promote healing. The herb contains a unique compound called Polygonum Polygonin, which is believed to play a role in reducing inflammation and supporting immune function. Japanese Knotweed is also known for its anti-inflammatory properties and is often used in traditional medicine practices to support the body's natural healing processes.

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been in your hands. As we are dying, what are you doing? Dr. Sigel, I doubt that you remember me, but I remember you. I wish that you had informed me that you were getting paid big bucks from the insurance companies to deny life-saving treatment to thousands for Lyme disease treatment. And yes, your patients are sick, not hypochondriacs. Lyme disease takes lives, and changes lives, possibly forever. I never thought that at such a young age, I would be challenged on so many fronts. But through it all, it has given me a greater compassion towards those that are less fortunate, the ability to see the beauty in small things, friends that I wouldn't otherwise have had, a passion to fight for what is right, and overwhelming desire to fight that which is wrong.

For 20 years, I have promised myself that if able, I would make a difference to the injustices that men, women, and children are now facing due to Infectious Disease Society of America's flawed guidelines. For many years, I have wanted to thank the physicians from the International Lyme and Associated Diseases Society (ILADS) for saving my life. Through the care and guidance of my skilled Lyme Literate Medical Doctor (LLMD) I was finally diagnosed with Lyme disease, Babesiosis, Bartonella, Ehrlichiosis, Tularemia and Mycoplasma. I have made incredible progress and my health is vastly improved. I want to thank my amazing husband who has stayed by my side through a 20 year battle with Lyme disease, whose faith and spirit has been an inspiration to me. "To have and to hold, from this day forward, for better, for worse, for richer, for poorer, in sickness or in health, to love and to cherish till death do us part. And here I pledge you my faithfulness" would be put to the ultimate test. The time has come for me to give back, and stand up for Lyme patients worldwide. I am co-founder of the Adirondack Lyme Disease Foundation (ALDF) which is dedicated to raising awareness and educating the public on the truth and injustices of Lyme disease. We are working on saving lives by presenting current and correct educational materials to our community. We welcome any questions or comments you might have. The lives lost, the battles fought, shall never be forgotten. From here, we draw our strength. We will continue our battle for justice on behalf of the hundreds of thousands who will have to fight this insidious disease, and for those who are now fighting for diagnosis, proper treatment, access to educated physicians, their livelihoods, and lives.

Linda Mc Allister

This photo shows the great controversy and suffering that has been aggravated by the IDSA 2006 treatment guidelines. The IDSA has been investigated by the CT AG's office and was found to have "financial conflicts of interest" that made the treatment guidelines suspect.

Photo by Lynn McCabe

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Dallas - Fort Worth Lyme Support Group

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2nd Saturday each month 2-4 p.m.

Harris Methodist Hospital- HEB
1600 Hospital Parkway
Bedford, TX 76022-6913

We meet in the left wing when facing the front of the building.

Contact our group leaders for more information:

Rick Houle, email: Pedler3710@aol.com
Home: 972.263.6158 or Cell: 214.957.7107

John Quinn
jquinn@dart.org

Southern California Lyme Support Group

Serving Los Angeles & Orange County areas

Contact: Earis Corman
13904 F Rio Hondo Circle
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Andrographis is a bitter herb commonly called “Asian Echinacea.” It is anti-microbial, promotes cardiac health, and is anti-inflammatory for the colon. It has been standardized to 10% andrographolide formulation is used. The dose is 1-4 tablets 3-4 times daily.

Adjunct Treatment Options

In looking at hypercogulation, Buhner uses Red Root. Red Root is a good herb for combating coagulation problems as well as sluggishness in the spleen or liver. It helps to clear the lymphatics and improve overall functioning of the body. It can also be helpful in mind diseases with alien thoughts. In some cases where Red Root may not be sufficiently effective, Buhner will consider Honeysuckle or Poke Root may be considered.

Andrographis is a good herb for Lyme disease in some cases. It seems to work better for people with a chronic condition. Wiscomin and Minnesota is a great place to tend a garden, and those in those states may want to consider the disease in people with Lyme disease on the East Coast. It does not seem to work with antibiotic treatments. It is anti-inflammatory and should not be stopped.

Astragalus is a herb that might help. It is used for a dose of 10-30 drops daily may be useful. Echinacea is very good for fungal infections in people with acute or chronic disease. It must be taken in larger doses. An effervescence solution of liquid echinacea is often used for the prevention of collagen. Using these collagen supportive prod-ucts can help to restore collagen at a rate faster than the lympheocytes are able to create it.

In terms of coinfections, Babesia is the coinfection that Buhner is asked about the most. His preference is Artemisia annua, not isolated Artemisinin. In his experience, if you use Artemisinin for 30-40 days and Babesia is not cleared up, Babesia is not going to be effective. The isolated Artemisinin has 100% effectiveness itself, Artemisia annua, does not. It suggests Artemisinin to patients for 30-40 days only. If Babesia is still a problem, Cryptosporidium tachysporum is used. Cryptosporidium is a powerful, systemic bacterial infection. It is “the herb” according to Buhner. It is broad spectrum, very potent, and has minimal side effects. It is a genus C. for Malarias. The use of Cryptosporidium for Babesia and MRSA. For Ehrlichia, astragalus can be used at a dose of 1 teaspoon to as much as 1 tablespoon three times daily. Boneset tea is helpful for those with night sweats.

For Ehrlichia, astragalus has side effects from Thorne Research at 300-500mg three times daily is helpful, though it is not recommended for those with chronic Lyme disease. Colchicum tincture is used in Europe for the treatment of Ehrlichia. With use of the isolated tincture, side effects may occur. 10-60 drops of tincture can be used at 1-3 teaspoons three times daily. Bumetan is helpful for those with night sweats.

For Babesia, Katnapheas is used at a dose of 100-200mg three times daily is helpful, though it is not recommended for those with chronic Lyme disease. Colchicum tincture is used in Europe for the treatment of Ehrlichia. With use of the isolated tincture, side effects may occur. 10-60 drops of tincture can be used at 1-3 teaspoons three times daily. Bumetan is helpful for those with night sweats.

For Mycoplasma, Iatric tinctura is used at a dose of 30-50 drops daily may be useful. It is not harmful for use in people with Lyme disease, Babesia has been used to treat patients found to have common seen in people with Lyme disease, Babesia has a time period of 10-12 days. If Babesia is not cleared up, Babesia is not going to be effective. The isolated Artemisinin has 100% effectiveness itself, Artemisia annua, does not. It suggests Artemisinin to patients for 30-40 days only. If Babesia is still a problem, Cryptosporidium tachysporum is used. Cryptosporidium is a powerful, systemic bacterial infection. It is “the herb” according to Buhner. It is broad spectrum, very potent, and has minimal side effects. It is a genus C. for Malarias. The use of Cryptosporidium for Babesia and MRSA. For Ehrlichia, astragalus can be used at a dose of 1 teaspoon to as much as 1 tablespoon three times daily. Boneset tea is helpful for those with night sweats.

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